

**CASPER COLLEGE INTERNATIONAL EDUCATION OFFICE  
EMERGENCY MEDICAL CARE AUTHORIZATION**

**Student's Name (as on passport)** \_\_\_\_\_ Birthdate \_\_\_\_\_

Title of Travel Abroad Program \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Emergency Contact 1**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail address \_\_\_\_\_

**Emergency Contact 2**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail address \_\_\_\_\_

In the event of a medical emergency, Casper College will make every effort to reach the person designated above as an emergency contact before using the authorization below. In case we are unable to communicate with the emergency contact person immediately, your signature on this optional authorization may assist in obtaining urgent medical care.

**Choose either A or B**

\_\_\_ **A)** To prevent dangerous delay in the event of an extreme emergency requiring hospitalization and/or surgery, I hereby authorize the Program Abroad Director, or an appropriate Casper College representative, to secure whatever treatment is deemed necessary for me including surgery and the administration of an anesthetic.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ **B)** I do not authorize Casper College to secure medical treatment on my behalf.

Signature \_\_\_\_\_ Date \_\_\_\_\_

